

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 96 County St. Louis Co. Hospital Registration District No. 790
 2 Township Central Primary Registration District No. 6033
 7 City Clayton (No. _____) St. _____ Ward _____

File No. **24334**

Registered No. _____

2. FULL NAME Hallett, Louis LUTEN(a) Residence, No. 222W Park Hill St. _____ Ward _____
 (Usual place of abode) Weston town

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Mary Hallett6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-8-18887. AGE YEARS 45 MONTHS 3 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky13. NAME Albert Hallett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Mary (unknown)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT St. Louis Co. Hospital (ADDRESS) Clayton, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Interment DATE July 9, 193319. UNDERTAKER Charles E. Lutes (ADDRESS) 4107 N. Main Ave20. FILED July 8, 1933 R. D. Seelmann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 193322. I HEREBY CERTIFY That I attended deceased from July 4, 1933, to July 5, 1933. I last saw him alive on July 5, 1933. Death is said to have occurred on the date stated above, at 9 m.The principal cause of death and related causes of importance were as follows: Intestinal obstruction

Other contributory causes of importance: _____

Name of operation Lap.otomy Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) S. J. Sellers(Address) St. Louis Co. Hospital M. D.

